

## BEVERLY HEALTH/REHABILITATION SUPERIOR

1612 NORTH 37TH STREET

SUPERIOR 54880 Phone: (715) 392-5144

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 90

Total Licensed Bed Capacity (12/31/03): 90

Number of Residents on 12/31/03: 85

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 83

Corporation

Skilled

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		17.6
Supp. Home Care-Personal Care	No					1 - 4 Years		42.4
Supp. Home Care-Household Services	No	Developmental Disabilities	4.7	Under 65	10.6	More Than 4 Years		21.2
Day Services	No	Mental Illness (Org./Psy)	42.4	65 - 74	10.6			----
Respite Care	Yes	Mental Illness (Other)	9.4	75 - 84	27.1			81.2
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.9	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3.5	95 & Over	5.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	4.7	65 & Over	89.4	-----		
Transportation	Yes	Cerebrovascular	9.4	-----	----	RNs		14.4
Referral Service	No	Diabetes	3.5	Gender	%	LPNs		6.6
Other Services	Yes	Respiratory	7.1	-----	----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	15.3	Male	21.2	Aides, & Orderlies		
Mentally Ill	Yes		----	Female	78.8			
Provide Day Programming for			100.0		----			
Developmentally Disabled	Yes				100.0			

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## Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	14	100.0	283	52	92.9	112	2	100.0	115	11	100.0	154	0	0.0	0	2	100.0	112	95.3
Intermediate	---	---	---	3	5.4	94	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3.5
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	1	1.8	163	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1.2
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	14	100.0		56	100.0		2	100.0		11	100.0		0	0.0		2	100.0	85	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	9.0	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.0	Bathing	10.6	56.5	32.9	85
Other Nursing Homes	6.0	Dressing	21.2	67.1	11.8	85
Acute Care Hospitals	84.0	Transferring	27.1	51.8	21.2	85
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	24.7	52.9	22.4	85
Rehabilitation Hospitals	0.0	Eating	81.2	10.6	8.2	85
Other Locations	0.0	*****				
Total Number of Admissions	100	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	4.7	Receiving Respiratory Care		9.4
Private Home/No Home Health	28.4	Occ/Freq. Incontinent of Bladder	51.8	Receiving Tracheostomy Care		1.2
Private Home/With Home Health	22.1	Occ/Freq. Incontinent of Bowel	49.4	Receiving Suctioning		1.2
Other Nursing Homes	7.4			Receiving Ostomy Care		3.5
Acute Care Hospitals	5.3	Mobility		Receiving Tube Feeding		1.2
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	2.4	Receiving Mechanically Altered Diets		17.6
Rehabilitation Hospitals	1.1					
Other Locations	3.2	Skin Care		Other Resident Characteristics		
Deaths	32.6	With Pressure Sores	1.2	Have Advance Directives		100.0
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	95			Receiving Psychoactive Drugs		23.5

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	82.3	86.2	0.95	87.1	0.94	88.1	0.93	87.4	0.94
Current Residents from In-County	90.6	78.5	1.15	81.0	1.12	82.1	1.10	76.7	1.18
Admissions from In-County, Still Residing	29.0	17.5	1.66	19.8	1.47	20.1	1.44	19.6	1.48
Admissions/Average Daily Census	120.5	195.4	0.62	158.0	0.76	155.7	0.77	141.3	0.85
Discharges/Average Daily Census	114.5	193.0	0.59	157.4	0.73	155.1	0.74	142.5	0.80
Discharges To Private Residence/Average Daily Census	57.8	87.0	0.66	74.2	0.78	68.7	0.84	61.6	0.94
Residents Receiving Skilled Care	95.3	94.4	1.01	94.6	1.01	94.0	1.01	88.1	1.08
Residents Aged 65 and Older	89.4	92.3	0.97	94.7	0.94	92.0	0.97	87.8	1.02
Title 19 (Medicaid) Funded Residents	65.9	60.6	1.09	57.2	1.15	61.7	1.07	65.9	1.00
Private Pay Funded Residents	12.9	20.9	0.62	28.5	0.45	23.7	0.55	21.0	0.62
Developmentally Disabled Residents	4.7	0.8	5.86	1.3	3.70	1.1	4.25	6.5	0.72
Mentally Ill Residents	51.8	28.7	1.80	33.8	1.53	35.8	1.45	33.6	1.54
General Medical Service Residents	15.3	24.5	0.62	21.6	0.71	23.1	0.66	20.6	0.74
Impaired ADL (Mean)	43.5	49.1	0.89	48.5	0.90	49.5	0.88	49.4	0.88
Psychological Problems	23.5	54.2	0.43	57.1	0.41	58.2	0.40	57.4	0.41
Nursing Care Required (Mean)	4.4	6.8	0.65	6.7	0.66	6.9	0.64	7.3	0.60